THE REPORT

OF THE

STUDENT COALITION

APRIL, 1970 - for 1964 summer

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THE REPORT

Last Year's Project

Last summer five medical students and two nurses under a grant from the Macy Foundation worked in rural Middle Tennessee and Appalachia. In the Appalachian areas of Eastern Tennessee and Southern Kentucky, we found existing health facilities especially inadequate for reaching the people with greatest need for the services. (See Appendix 1 for statistical evidence of inadequate medical facilities.) Working with a local Headstart program and with the Presbyterian Church-sponsored "Health Fair" in Campbell and Claiborne Counties of Tennessee, and Harlan, Bell and Whitley Counties of Kentucky increased our contact with the people, and provided insights into pressing health problems. One of the most striking discoveries was the complexity of the inter-dependent relationships between the delivery of quality health care and other community problems. Legal, economic, and environmental conditions are closely linked to the existing situation, and progress must be made in each of these non-medical areas before twentieth century health care can become a reality for these people. This year's project includes law and non-professional students, as well as local helpers, to achieve a more comprehensive view of problems.

Findings last summer emphasized the need for improved health care in these areas. Of the 300 Headstart children examined during one week in Williamson County:

50% had parasites

73% had severe dental caries

17% were anemic

16% showed evidence of other medical problems requiring immediate medical attention.

These severe problems were found just 15 miles from Nashville. We experienced problems at least as severe in the Appalachian area, but the records kept on our work in that area have not been compiled. For example, we know that 17.9% of the people seen were anemic and 16.9% needed immediate medical attention, but we chose to examine more patients during our last week there, rather than devoting that time to compiling comprehensive statistics. The permanent health personnel in that region with whom we left our records do not have sufficient manpower to compile statistics. The larger staff we plan for this year's project will allow us to gather data as well as offer immediate services to those in need of medical care.

Not only do those served need the health care we can offer, but the students also need the experience of dealing with these indigent people. Last summer Dr. James Carter of the Vanderbilt Medical School, with the cooperation of Peabody College's Sociology Department, devised and administered an attitudinal evaluation of the participants in the project. The results showed that the participants' attitudes toward health needs and their role in this context were definitely changed. The experience then becomes important to the professional development of the students. Attitudinal evaluations will be conducted again this year.

Preparations For This Summer's Program

The experiences of the medical program in the summer of 1969 established the need for law students in the rural counties of Appalachian Tennessee. Law, medical, nursing, and non-professional students formed a "Student Coalition" to mount an interdisciplinary attack upon these people's problems. Law students are needed to advise people of their rights under public welfare and health regulations, to inform them of existing programs for which they may be eligible, and to serve as advocates for the people before administrative bodies. Law students can train local health councils to identify medical-legal problems, and acquaint them with methods for seeking solutions.

This new Student Coalition then looked to its three main tasks in preparation for an effective summer program: (1) consolidating available resources, (2) setting goals for the summer's work, and (3) structuring the program.

Resources

An inventory of resources reveals a great potential. The main resource, of course, is willingness, energy, and ability of the students. Since this is the first experience for law students in Appalachia, it is hard to know what local resources are available. Students are now canvassing state and federal agencies to ascertain the scope of their activities in the area. The two health clinics in the Clairfork Valley and the mobile clinic will provide ample contact with the people. Local

attorneys will be interviewed to determine if there is any interest in serving the citizen health councils.

The medical students have many physical resources at hand for use during the summer.

(1) The Tennessee Valley Authority, with the enthusiastic cooperation of its medical director, Dr. James Craig, will provide two mobile laboratory units and technicians capable of providing the following diagnostic tests:

-- electrocardiogram
-- chest X-ray
-- complete blood serum analysis with SMA 12
-- blood cell counts with SMA 7
-- tonometry (test for glaucoma)
-- urinalysis
-- pulmonary function
-- visual analysis
-- auditory analysis

TVA will provide an additional mobile clinic with facilities for physical examination. The Chattanooga office of the TVA will provide analysis of data gathered from the examinations in a four-day period. The TVA has also volunteered to pay the salary of one physician who will supervise the students during the entire summer.

(2) The state and county health departments will provide previous health records and equipment for pap smear tests, TB and skin tests, hystoplasmosis, hematocrit, and immunizations. They will also supply thermometers and centrifuges.

(3) Selected faculty members of the Vanderbilt Medical School will serve in a consultative capacity during the summer. Some have volunteered to be present in a supervisory capacity for periods of one week. Dr. Amos Christie is the principal investigator, and Dr. David Wilson, Professor of Chemistry, is specifically concerned with the environmental aspects of the program. Physicians from Knoxville associated with the Children's Hospital and the University of Tennessee medical facilities have expressed interest. These include Dr. William Hicks, from the East Tennessee Children's Hospital, and Dr. Tom Lester, head of pediatrics at the University of Tennessee Hospital in Knoxville.

(4) An incubator and bacterial plates are to be provided by a local physician.

(5) Local community workers will plan, publicize, and participate in the functioning of the program itself. Further community resources include county health councils and such groups as welfare rights organizations. More effective community organization and Parent Advisory Committee for Headstart may be forthcoming if the level of participation is increased.

Goals

Beginning with the recognition that many medical problems have possible legal solutions, the broad goal of this joint medical-legal program is to provide local citizen groups and public health officials an inter-disciplinary tool to fight health problems of the poor.

A. Legal

The goals of the legal aspect of this program are:

(1) to provide and disseminate information on the availability of and eligibility criteria for state and federal welfare programs including health and food programs;

(2) to counsel and advise individuals seeking to be covered by these programs or individuals who may have been unjustly denied coverage;

(3) to organize local health groups as para-legal personnel and train them to identify legal problems, to be aware of possible solutions, to present cases at administrative hearings,;

(4) to inventory and document local and regional administrative systems, health, welfare, and food programs, legal problems, and legal resources;

(5) to provide an educational product in the form of

a) exposure to specific legal problems,

b) a publishable survey of rural legal problems germane to Appalachian Tennessee, and

c) an educational input for the Vanderbilt School of Law curriculum in such areas as Regional Economic Development, Legal Problems of the Poor, and Environmental Law;

(6) to observe problem solving techniques of other disciplines;

(7) to make recommendations for development of a delivery system for rural legal services.

The need for legal services was noted by the medical volunteers last year and has been documented by our research. In 1967 Tennessee had approximately one lawyer for every 814 people, but the counties in Appalachia typically have practically twice as many people per lawyer. For example, Campbell and Claiborne Counties each have one lawyer for every 1,470 people. As great a handicap as the shortage of lawyers is the isolation of these

counties. The Appalachian poor suffer from administrative atrophy in the availability and delivery of state and federal social and economic programs. For example, a recent report compiled by the Tennessee State Planning Commission and reported in The Nashville Tennessean on February 8, 1970, indicates that only 15% of those eligible take advantage of the federal food stamp program, and only 24% of those eligible take advantage of the federal food commodity program.

B. Medical

The goals of the medical aspect of the program are:

(1) to define health problems, identify community resources, and stimulate local concern in medical areas;

(2) to assist community organizations in obtaining university and government aid;

(3) to investigate a viable means for opening an existing hospital in Jellico, Tennessee, not presently in use;

(4) to follow up those medical problems found, in order to obtain the needed medical help and financial support in the individual cases;

(5) to include local residents in aspects of the health care delivery program, thereby increasing community commitment to establish on-going health services available to all;

(6) to change the perspective of the students participating by increasing their awareness of health care needs;

(7) to broaden the perspective of Vanderbilt University, encouraging it to make a greater commitment to investigate better methods of delivering quality health care in rural areas;

(8) to train and educate para-medical personnel and health advocates;

(9) to obtain more information on the operational effectiveness of existing health care programs, i.e. Medicaid and Medicare, identify areas where improvement is needed, and make the programs more available to local citizens.

Our most important goal is to leave behind something permanent--viable community organizations concerned with actively seeking solutions for local health problems. Records will be kept and turned over to the local health councils, the Public Health Department, or a physician, as the patient desires. The lack of financial support and representation of indigent individuals in relation to existing health agencies causes this to be extremely important if long-term improvements are to be made.

Program Structure

A. Medical

The first week of June will be designated for orientation. This will be headed by medical student Ron Lorenz, who plans to have various speakers, such as Dr. Armes of the State Public Health Department, to ensure our understanding of the many complexities involved in Medicare and the State's Medicaid programs. The Commonwealth Fund is to sponsor two speakers for the program. Those provided last year were Dr. Lolol1 Levin of Yale and Mr. John Hutch of Tufts from Mound Bayou, Mississippi. Dr. Susan Gray and the staff of the Peabody College Demostration and Research Center for Early Education (DARCEE) will provide orientation sessions concerning the actual dealing with children, parents, and environment of the rural low income groups. The

next two weeks will be centered around instruction in physical examination (to nurses and younger medical students) by Dr. Amos Christie and older medical Student Coalition members. A program in preparation for the work this summer has already been begun this spring by the Student Coalition, in which nurses are being given instruction and practice in physical examination, prenatal care, and midwifery. Dr. Robert Saunders will provide training in a Health Department setting in Rutherford, Cannon, and DeKalb Counties. The TVA mobile laboratory unit will first be set up in Rutherford County, assisting Dr. Saunders in the opening of a new neighborhood health center. Again we emphasize that all visits are by invitation of local counties.

Throughout the spring, contact will be made with existing representative health councils in Appalachian areas. If such councils are not deemed representative of the people, assistance will be given to the organization of such councils. At their invitation, we will schedule a week in July or August to bring in the mobile units. Prior to that time the councils will be responsible for publicizing the visit, working out transportation problems and other details. They will be actively involved in the functioning of the clinic itself, carrying out such tasks as registration, topical fluoride application, temperature determination, etc. Some of the younger local people will be recruited to carry out such tasks as blood pressure determination and work with the unit in other capacities. It is hoped that these young people will be stimulated to seek higher education along health lines.

It is our belief that we have a responsibility to see that the pathology found is treated; thus the follow-up is a vital part of the project. Non-professional and law students will serve in this capacity, assisting those persons with immediate medical needs in obtaining financial or other assistance for their medical problems. These personnel will assure that those with immediate medical needs will be seen by a physician. Staff members from the Vanderbilt Medical School will consult with patients on a designated day, in special problem areas, such as orthopedics and urology. A health record folder will be started on each person seen and will include all examination and laboratory results. It will be turned over to the authority designated by the particular patient, be it local health council, local health department, or private physician.

B. Legal

Between March 1 and June 1, law students will collect a usable inventory of local and regional administrative systems and pertinent welfare and health programs. This inventory will serve as a ready reference library for use in the field. A training guide and informational handouts will be prepared from this library.

Training and orientation sessions will be conducted in Nashville the first week of June. These sessions will serve to familiarize students with area resources, programs and regulations, administrative procedures of agencies, and techniques and methods

of solving problems. Cross-training with medical and non-professional students will be extensively utilized. We will draw on personnel from state and federal agencies located in Nashville, members of the Law School and University faculties, and staff members of Legal Services of Nashville and Elk and Duck Rivers Legal Services Association. People experienced with legal services in Appalachia--such as Howard Thorkelson of Mountain Legal Rights Association of Prestonburg, Kentucky--will be involved either in Nashville or in Clairfield.

In the second week of June, law students will move to the Clairfork Valley and establish permanent quarters for the summer. This location will serve as a base for the legal program, providing a central place for collection of data, news, and operating instructions. A staff of not more than five students will be in the valley for approximately seven weeks, serving the local health clinics, and conducting an in-depth survey and inventory of the legal resources, problems, and needs of the valley. Patients at the health clinics will be interviewed as part of the legal survey to determine whether or not they have been denied their welfare and health rights. Several weeks will be spent in identifying and organizing citizen health groups. The remaining weeks will be devoted to training these groups to identify medical-legal problems and to seek solutions. We hope that sufficient personnel can be trained to serve the members of these health councils as para-legal assistants.

Most of the full-time staff will return to Nashville the last week of July and spend 10 days to two weeks collating the

survey data and writing summary reports and recommendations. Several law students will be available to remain in the valley to assist the mobile unit when it arrives in August. However, we hope that the local citizens trained earlier in the summer will be able to assist the mobile unit.

The students participating part-time will either travel with the mobile unit, provide follow-up assistance when the mobile unit leaves an area, or work in the valley allowing a full-time member to do needed follow-up work.

We plan to ensure the continued effect of this program in three ways. Para-legal personnel will be trained during the summer to present the cases of local citizens at administrative hearings. Local and regional attorneys will be contacted to determine willingness to assist the local health councils. Law students will be available to serve as a research and advisory group for problems that have arisen during the summer and after.

We hope that this program will provide the ground work and determine the need for rural legal service programs for the people of Appalachian Tennessee.

Personnel Selection and Supervision

Dr. Amos Christie, Professor of Pediatrics, will be the advisor for the medical students, and Robert N. Covington, Professor of Law, will be the advisor for the law students. A grant made to the Student Coalition would be administered through

the Pediatrics Department of the Vanderbilt Medical School.

Volunteers for the project will be selected by the directors of the Student Coalition with the advice of the faculty supervisors. Factors stressed in choosing participants are motivation, training, and willingness to act on problems found within the community.

Appalachian Commission
4/28/70

BUDGET
SMITHVILLE AND CLAIRFIELD AREAS

Smithville	12 Nurses	$10,800
	2 Medical Students	1,800
Clairfield and Surrounding Areas	5 Community Workers	4,500
	1 Journalist	900
	2 Medical Students	1,800
	2 Nurses	1,800
Travel		5,000
Telephone		1,000
Laboratory Supplies		2,000
Medicine		3,000
		$32,600

At the end of the summer a report of the activities will be compiled and a copy will be sent to the Foundation. Copies of the report will be made available also for governmental agencies,

medical and legal organizations, and others who might be interested. It will include statistics on the people served and descriptions of the problems found in each area. The result of the attitudinal evaluation made by Dr. James Carter will be included, as well as recommendations for changes in the structure of the Student Coalition, and for changes in local agencies and programs, along with plans for implementing such changes.

APPENDIX 1

The following statistics are taken from the Distribution of Physicians, Hospitals, and Hospital Beds in the U.S. by Theodore and Sutter, sponsored by the Department of Survey Research, AMA, in 1966. The picture has become more critical since that time in that many of the deep coal mines have closed and been replaced by strip mining employing fewer people and destroying the land they live on. Nor do the statistics show that for example in Jellico, Campbell County, Tennessee, of the three physicians in the community, one has not practiced for the past several years, one is an alcoholic and sees only an occasional patient, and the one remaining that does practice demands cash payment during the visit and will no longer accept obstetric patients under any circumstances, and accepts very few patients who have not come to him on a regular basis in the past. For the indigent, not even Medicaid will get him in to see a doctor in Jellico or within an area of 25-30 miles either side of Jellico, because none are available.

We present these statistics though, with the feeling that they do give some idea of the type of overall situation in which the project hopes to work.

County	private doctor/ population	G.P./pop.	hospitals/ county	hosp.beds/ pop.	Income per capita	Income per household
Tennessee						
Campbell	11 / 24,800	10 / 24,800	1	76 / 24,800	$1,063	$3,994
Claiborne	5 / 16,700	5 / 16,700	1	41 / 16,700	$1,970	$3,765
De Kalb	4 / 10,400	4 / 10,400	--	--	$1,107	$3,715
Hancock	1 / 7,100	1 / 7,100	--	--	$ 843	$3,324
Lincoln	13 / 23,100	10 / 23,100	2	151 / 23,100	$1,399	$4,753
Morgan	2 / 13,700	2 / 13,700	--	--	$1,040	$4,318
Warren	10 / 25,100	8 / 25,100	1	54 / 25,100	$1,290	$4,375
Rutherford	41 / 57,000	11 / 57,000	2	131 / 57,000	$1,574	$5,941
Scott	6 / 14,500	5 / 14,500	1	40 / 14,500	$ 897	$3,715
Wilson	12 / 28,300	7 / 28,300	1	74 / 28,300	$1,481	$4,873
Kentucky						
Bell	23 / 32,000	15 / 32,000	2	241 / 32,000	$1,036	$4,042
Whitley	20 / 24,700	13 / 24,700	1	80 / 24,700	$1,089	$3,956

Population figures as of January 1, 1965
Income as of 1964
Total number of physicians as of January 3, 1966
Total number of hospitals and beds as of March 1, 1966.

APPENDIX 2

CAMPBELL COUNTY HEALTH DEPARTMENT
STATE DEPARTMENT OF HEALTH COOPERATING
JACKSBORO, TENNESSEE 37757
TELEPHONE 562-5424

P. M. DINGS, M. D.
Director

Bill Dow
Project Director
Vanderbilt Medical School
Nashville, Tennessee

Dear Sir:

The process of delivery of health care is in the best of my opinion the biggest problem in Campbell county. In the Clairfield-Frakes area health care is practically non-existent except for the fine work of those associated with the Model Valley Health Council.

We have spent considerable time and money on this problem and are concerned about it enough to pledge our entire support to the Vanderbilt Project and to its leadership, Bill Dow , Pat Maxwell and Dr. Amos Christy.

We definitely feel that this project should be funded. Among other reasons, the cost-benefit ratio of such a program is far better in our estimation than if the money were spent in any other program.

Sincerely,

P. M. Dings, M. D.
Health Officer, Campbell
Anderson, Morgan and
Scott Counties